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23557 7590 02/17/2005

SALIWANCHIK LLOYD & SALIWANCHIK
A PROFESSIONAL ASSOCIATION
PO BOX 142950
GAINESVILLE, FL 32614-2950

Ph: (352)375-8100 Fax: (352)372-5800

Attn: Doran R. Pace

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Gwendolyn L. Daniels

(Depositor's name)

Gwendolyn L. Daniels

(Signature)

April 19, 2005

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------------|---------------------|------------------|
| 10/644,123 | 08/20/2003 | Nigel Gordon John Richards | UF-314XC1 | 7962 |

TITLE OF INVENTION: POLYNUCLEOTIDE ENCODING OXALATE DECARBOXYLASE FROM ASPERGILLUS NIGER AND METHODS OF USE
04/20/2005 WABDEL3 00000043 190065 10644123

| FC:2501 | 700.00 DA | | | | | DATE DUE |
|--------------------|-----------|--------------|-----------|-----------------|------------------|------------|
| 02 FC:1544PLN TYPE | 300.00 DA | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | 05/17/2005 |
| 03 FC:8001 | 30.00 DA | YES | \$700 | \$300 | \$1000 | |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| FRONDA, CHRISTIAN L | 1652 | 435-232000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Saliwanchik, Lloyd
& Saliwanchik

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Florida
Research Foundation, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gainesville, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0065 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 19, 2005

Typed or printed name

Doran R. Pace

Registration No. 38,261

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